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A Perineal Retractor for the
Dorsal Position, with Ele-
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Vaginal Wall,

*Especially adapted for Applications of
Electricity to the Uterus and Vagina.*

BY

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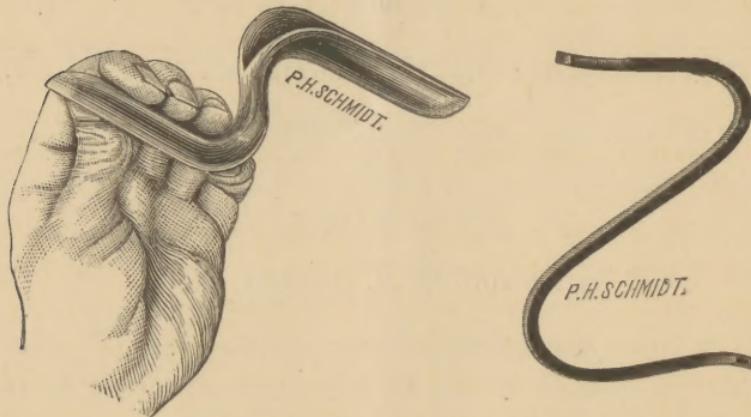
A PERINEAL
RETRACTOR FOR THE DORSAL POSITION,
WITH ELEVATOR FOR THE ANTERIOR VAGINAL WALL,
*Especially adapted for Applications of Electricity to the
Uterus and Vagina.**
By AUGUSTIN H. GOELET, M.D.

WHILE some conditions of the pelvic organs demanding electrical applications may be satisfactorily treated with the patient in the Sims position, and the external or inactive electrode on the lower part of the spine, there are many conditions which require the dorsal posture and the external electrode on the abdomen, and none of the instruments designed for this posture are suitable, because they do not permit sufficient expansion at the vulva to allow the introduction of suitable electrodes without considerable inconvenience to the patient. Besides being made of metal and not insulated, they must be withdrawn during the application. Another, and often a very material, objection is that they fix the cervix in an unalterable position.

* Read before the Section in Obstetrics and Gynaecology of the New York Academy of Medicine, December 27, 1888.



The speculum here exhibited consists of two Sims blades so joined as to form a letter S. It is made of light speculum or bell metal, cast thin, and coated with hard rubber for insulation. In presenting it to you I do so with perfect confidence in its utility, gained by six months' constant use. It is intended to be used as a retractor for the perinæum and posterior vaginal wall, to be held in the left hand of the operator, the patient being in the dorsal post-



ure. The elevator for the anterior vaginal wall, to be used with it, is held by the nurse in her left hand as she stands on the right side of the patient. This is made of hard rubber, and is sufficiently yielding to allow free motion without causing the patient any unnecessary pain. This instrument allows enough space at the vulva for the introduction of electrodes of considerable size, and, being insulated, it does not need to be removed during an application of electricity to the vagina, though, when its removal becomes necessary, it may be readily reintroduced for the withdrawal of the electrode. Vaginal ball-electrodes with any protecting covering can not be either introduced or withdrawn with-

out considerable inconvenience to the patient, unless through a speculum. Such manipulations as the introduction of vaginal and uterine electrodes without a speculum must be characterized as crude and imperfect, and as showing utter disregard for the patient's safety and comfort. With the instrument shown it is possible to alter the position of the cervix or uterus at will for the more easy introduction of intra-uterine electrodes.

Although it was designed for the dorsal position, it may be used for the lateral position in place of the Sims instrument. My nurse, after a little practice, has learned to hold this speculum in the Sims position with as much ease as the ordinary Sims instrument; and the general practitioner will find it more convenient to hold than the Sims instrument.

I have found it so convenient in many ways that I do not see now how I could well do without it. While it may be used with greater ease in the dorsal posture, when the nurse holds up the anterior vaginal wall with the elevator, a nurse is by no means essential, for the elevator is shaped so that it can be held over the pubes by the patient if she is willing to aid the operator, or the speculum may be used by the physician alone, aided by an ordinary depressor or the dressing forceps with a little cotton in its grasp to hold up the anterior vaginal wall. I often manipulate this speculum and introduce both vaginal and intra-uterine electrodes while the nurse is arranging the abdominal electrode. I do not wish to be understood as excusing the absence of a nurse in gynaecological practice, for I believe her a necessity for the safety and convenience of the physician as well as for the comfort and convenience of the patient, and believe that any physician who does much gynaecological work should always have one present; but I wish to show how conveniently the speculum can be used by a general practitioner, and do not hesi-

tate to say that it forms not only a perfect and satisfactory substitute for the bivalve and trivalve instruments in use, but is a much more useful and convenient speculum in many ways, forming as it does a perineal retractor for both the dorsal and lateral postures. The saving of time may be no object to the general practitioner who has to see only one or two gynaecological cases a day, but the busy specialist can readily appreciate any instrument or method of manipulation which will economize his time. He will find frequent use for this speculum after he has once tried it. It often saves turning the patient on the side for a speculum examination when she has been first placed on the dorsum for digital examination. With it retrodisplacements may be detected with the sound which would be overlooked with the patient in the Sims position, because some are corrected by that position when the speculum is introduced and the vagina becomes filled with air. A pessary which may maintain a corrected position of the uterus while the patient is in the Sims position may, and often does, fail of its object when the patient assumes the erect or dorsal posture. This is the only speculum I know of which may be conveniently used in the dorsal position without removing a pessary from the vagina, and this fact alone would make it invaluable. The two blades are so nearly approximated at the shank that the couch does not often interfere with the manipulator's hand in holding the outside blade; but where this is the case a small leather-covered pillow, such as is used with almost every couch or table, may be placed under the patient's back to raise her. The proper cleansing of the vagina is an important matter before any manipulation of the uterine cavity or galvano-puncture, and is to be insisted upon in every instance. As the douche is not reliable and is very inconvenient, I know of no instrument so useful as this speculum in accomplishing this end.

I use an antiseptic spray connected with a compressed-air receiver, and the vagina is sprayed with an antiseptic solution and wiped out thoroughly with absorbent cotton before an electrode or a sound is introduced into the uterine cavity or before a galvano-puncture is performed. And I find the *elevator* particularly useful in protecting the vagina and finger while passing the needle up to the seat of puncture.

The speculum, which is made by Mr. P. H. Schmidt, of 1311 Broadway, is finished with nickel as well as hard-rubber covering for the convenience of those who desire it for other than electrical applications.

To make this speculum more readily appreciated, perhaps it would be best to show you the form of vaginal electrode which I use. For a long time I was puzzled to know how I could protect the metallic vaginal electrodes so as to use galvanic currents of sufficient intensity to be effective. When we have to depend entirely upon the interpolar action, as we do in such applications, this is important, for mild currents are often inefficient and too slow. The usual covering of moistened absorbent cotton or chamois-skin will not allow the use of over 30 or 40 milliampères without inflicting serious injury upon the vagina. With the electrode which I show you I have been able to use currents of from 60 to 150 and even 200 milliampères with no more local effect than is produced on the integument of the abdomen by the large clay electrode of Apostoli. With currents of 50 to 100 milliampères there is a scarcely perceptible increase of redness of the surface after an application of ten to fifteen minutes, which is not noticeable in any way afterward. With the higher intensities the redness is increased, but no abrasion is produced to interfere with subsequent applications.

I use small copper discs of about the size and thickness

of a penny, with a spindle attached to the center, which allows it to be screwed on any ordinary insulated handle.



This I cover with a thick layer of potter's clay molded so as to cover the edge of the disc well. This is allowed to dry hard or it is baked, so as to make it retain its shape. It is then attached to the handle and covered with a piece of gauze held on by a rubber band around the shaft of the electrode, which aids in retaining the clay in position. When it is to be used it is covered additionally with absorbent cotton which is well moistened. When once used, the cotton is removed and replaced fresh for every patient. I have used the metallic ball in this way also, but the clay will not adhere as readily to its smooth surface, and if the clay becomes soft, as it may do after many applications, the covering becomes thinner in some spot where the pressure is greatest, and the vagina may be cauterized in consequence. Besides, the current can not be so well concentrated with the ball as with the disc. For use with the positive pole I have the disc made of aluminium or hard carbon. The clay, when allowed to harden—or, better, if it is baked—will retain its shape for some time, and when well moistened is a good conductor, and forms a protection for the metallic electrode which greatly modifies the local action. When it has become necessary to increase the size of the electrode so as to multiply the intensity of the current, I have used a mixture of one third clay with two thirds plaster of Paris, which sets and remains firm, and is still absorbent.

One very decided advantage in favor of the clay-covered

vaginal electrode is that where suprapubic punctures of fibroid tumors is necessary, because they can not be reached through the vagina, or, if frequent vaginal punctures have produced much local irritation, the current can be concentrated through the tumor by using it connected with the positive pole either against the tumor in the vagina or against the cervix, using negative puncture only. I have been able to concentrate 300 milliampères through the tumor without producing any local irritation in the vagina, and any pre-existing soreness is rather relieved by it. Puncture with both poles may thus be avoided. I did not believe at first that I would be able to get so much penetration through the small vaginal electrode; but by using a thick carbon disc well protected with clay, I have been able to reach 300 milliampères, using only 30 cells (Leclanché).

Those who profess not to cauterize the vagina when currents of over 40 milliampères are used with a metallic electrode covered only with absorbent cotton or chamois-skin, confess that they do not use a speculum, which explains why they believe this to be true. It stands to reason that they must burn the delicate mucous surface of the vagina when it is necessary to protect the large external electrode to avoid a similar effect upon the skin. I know that under the same conditions they must produce the same effect that I do. I once asked a prominent electrician how he avoided this action of the internal electrode. His reply was: "Well, do your patients object to it?" I replied, that was not the question. I objected to it myself most decidedly.

To those who would object to the high intensities mentioned above I would say that they can form no idea of what can be accomplished by galvanism until they have learned how to use these intensities with safety to the pa-

tient. I would not convey the idea that I believe high intensities are always necessary or even allowable, for there are certain conditions where they would be dangerous; but there are conditions which remain unaltered by low intensities.

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